



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM  
**APPLICATION FOR CHANGE OF OWNERSHIP –  
 LAND DISTURBANCE PERMIT**

**FOR OFFICE USE ONLY**

CHECK NO.

DATE RECEIVED

FEE SUMMITTED

**ITEMS 1 – 5 TO BE COMPLETED BY THE CURRENT PERMITTEE/OWNER. THE FOLLOWING ITEMS PRESENTLY APPLY TO THIS FACILITY. SEE INSTRUCTIONS FOR APPROPRIATE FEE TO BE SUBMITTED WITH APPLICATION.**

**INSTRUCTIONS**

All blanks must be filled in when the application is submitted to the Missouri Department of Natural Resources. This includes both required signatures. The current permittee (present owner) is to complete items 1-5. A new ownership applicant is to complete items 6-11.

Item 4 - For partial assignment change of ownership describe:

- a. Area within the original permit which is under new ownership.
- b. Area within the original permit which will remain with the current permittee.
- c. If no property responsibility is to remain with the current permittee, please explain.

With this form, the new owner will receive a new permit and number. This form may also be used to terminate the original permit if all property included in the original permit is no longer the responsibility of the original owner. If there is any property responsibility to remain with the original owner then the original permit will still exist with the same permit number; however, a Storm Water Pollution Prevention Plan, or SWPPP, would be necessary.

All applications must be signed as follows:

- 1. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters.
- 2. For a partnership or sole proprietorship, by a general partner or the proprietor.
- 3. For a municipal, state, federal, or other public facility by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.
- 4. Owner.

A completed form should be returned to the appropriate regional office. A copy of the regional office map is available on the Web at <http://www.dnr.mo.gov/regions/regions.htm>.

The new owner shall submit a \$300 application fee.

Questions about this form should be directed to the appropriate regional office or central office staff at 573-751-1300.

**1. FACILITY**

NAME	PERMIT NO.	TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE

**2. CURRENT OWNER**

NAME	TELEPHONE NUMBER WITH AREA CODE		
	E-MAIL ADDRESS		
ADDRESS	CITY	STATE	ZIP CODE

**3. CONTINUING AUTHORITY (If same as owner, write same.)**

NAME	TELEPHONE NUMBER WITH AREA CODE		
ADDRESS	CITY	STATE	ZIP CODE

**4. PROPERTY**

Assignment of property       Complete       Partial

Describe area under new ownership.

Describe area to remain with current permittee.

**Attach a copy of the original application and permit to this form.**

**5. SIGNATURE**

I certify that I am familiar with the information given above, and to the best of my knowledge and belief such information is true, complete and accurate, and until change of ownership approval, I agree to continue to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any appeal available under the Missouri Clean Water Law, of the Missouri Clean Water Commission.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER WITH AREA CODE

SIGNATURE

DATE

<b>NEW PERMITTEE</b>			
<b>6. FACILITY</b>			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
<b>7. FACILITY CONTACT</b>			
NAME	TITLE	TELEPHONE NUMBER WITH AREA CODE	
<b>8. OWNER</b>			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
<b>9. CONTINUING AUTHORITY (If same as owner, write same)</b>			
NAME		TELEPHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
<b>10. ADDITIONAL INFORMATION</b>			
ANTICIPATED EFFECTIVE DATE OF CHANGE IN OWNERSHIP			
<b>11. SIGNATURE</b>			
I certify that I am familiar with the information given above, and to the best of my knowledge and belief such information is true, complete and accurate, and upon change of ownership approval, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, including the above-described permit subject to any appeal available under the Missouri Clean Water Law, of the Missouri Clean Water Commission.			
NAME AND OFFICIAL TITLE (TYPE OR PRINT)		TELEPHONE NUMBER WITH AREA CODE	
SIGNATURE		DATE	